

Q.C.
32450
NW

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/2/60</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>2/19/60</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>3/20/60</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	1 6 11 27
2	✓
3	✓
5	✓
6	✓
8	✓
9	✓
11	✓
12	✓
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Claim	Date
Final Original	1 6 11 27
51	✓
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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